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APPLICANTS

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** CONTINUING DATA *****

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** FOREIGN APPLICATIONS *****

JAPAN 2002-167137 06/07/2002

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **

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Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initials	JAPAN	5	15	1

ADDRESS

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TITLE

Portable terminal device and lifestyle-related disease patient-medical institution cooperation system

FILING FEE RECEIVED 540	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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